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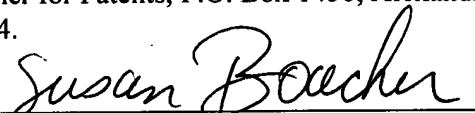
PATENT  
Attorney Docket No. LEX-010C1  
(4006/21)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Gillies *et al.* CONF. NO: 8576  
SERIAL NO.: 10/603,064 GROUP NO.: 1646  
FILING DATE: June 24, 2003 EXAMINER: Mertz, P.  
TITLE: Multiple Cytokine Protein Complexes

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22nd day of November, 2004.

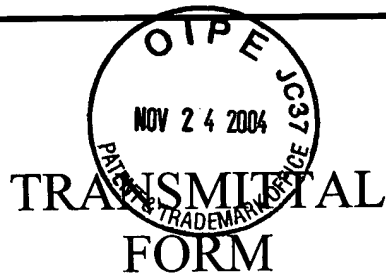
  
Susan Boucher

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Check in the amount of \$54.00;
4. Second Supplemental Preliminary Amendment (5 pgs.); and a
5. Return receipt postcard.



Application Serial Number	10/603,064
Filing Date	June 24, 2003
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	Mertz, P.
Attorney Docket No.	LEX-010C1
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input checked="" type="checkbox"/> <b>Amendment/Response</b> <input checked="" type="checkbox"/> Second Supplemental Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

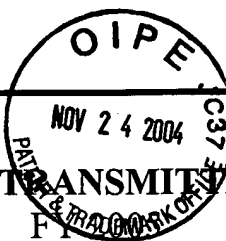
**SIGNATURE BLOCK**

Date: November 22, 2004  
 Reg. No. 48,645  
 Tel. No.: (617) 248-7697  
 Fax No.: (617) 248-7100

Respectfully submitted,

Brian Fairchild, Ph.D.  
 Attorney for Applicants  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110

# FEE TRANSMITTAL



Complete if Known

Application Serial Number 10/603,064  
 Filing Date June 24, 2003  
 First Named Inventor Gillies  
 Group Art Unit 1646  
 Examiner Name Mertz, P.  
 Attorney Docket No. LEX-010C1

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

## FEE CALCULATION

### 1. FILING FEE

#### Large Entity

Fee (\$)	Fee Description	Fee Paid
790	Utility filing fee	
350	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 88.00 =

☐ Multiple Dependent Claim(s), if any \$300.00 =

TOTAL:  
 SMALL ENTITY DISCOUNT:  
 SUBTOTAL (1) (\$) 0.00

### 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 23	- 20 =	3	x \$ 18.00 =	54.00
Indep. 3	- 3 =	0	x \$ 88.00 =	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$300.00 =				

TOTAL: (\$) 54.00  
 SMALL ENTITY DISCOUNT: (\$)  
 SUBTOTAL (2) (\$) 54.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
430	215	Extension for reply within second month	
980	490	Extension for reply within third month	
1530	765	Extension for reply within fourth month	
2080	1040	Extension for reply within fifth month	
340	170	Notice of Appeal	
340	170	Filing a brief in support of an appeal	
340	170	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$) 0.00

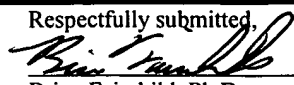
SUBTOTAL (1) 0.00  
 SUBTOTAL (2) 54.00  
 SUBTOTAL (3) 0.00

TOTAL (\$) 54.00

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 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Respectfully submitted,  
  
 Date: November 22, 2004  
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 Tel. No.: (617) 248-7697  
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 Brian Fairchild, Ph.D.  
 Attorney for the Applicants  
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 Boston, MA 02110



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TITLE: Multiple Cytokine Protein Complexes

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**SECOND SUPPLEMENTAL PRELIMINARY AMENDMENT**

Prior to examination, please amend the claims as follows.

**Amendments to the Claims** are reflected in the listing of the claims, which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

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